

Washington Circuit and Superior Court Jury Questionnaire

JUROR NO: _____

Your name has been drawn to serve on the Jury for the Washington Circuit Court, COURTHOUSE, SALEM, IN 47167 or for the Washington Superior Court, WASHINGTON COUNTY DETENTION CENTER, 801 JACKSON ST, SALEM, IN 47167, for the next three months.

Please read carefully and completely answer each of the following questions. Return the completed form to the Washington Circuit Court in person or by mail, within five (5) days.

YOU WILL BE NOTIFIED SEVERAL DAYS BEFORE YOU ARE REQUIRED TO COME TO COURT.

1. Name: _____ Age: _____

2. Home

Address: _____ Home Phone No: _____

Mileage from Salem _____

Work Phone No. _____

3. Marital Status: Married ____ Single ____ Widower/Widow ____ Divorced/Separated ____

Number of Children _____

4. Years of Residence in Indiana _____ In Washington County _____

5. List all members of your family residing in your home (adults and minors):

Name	Relationship	Age	Occupation/Employer
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

6. Your Present occupation and employer How Long? _____

7. What other occupations have you had during the past ten (10) years?

8. If your spouse is retired or deceased, give last occupation and employer:

9. What is the extent of your education?

Grade School ____ High School ____ College ____ Post Graduate ____ Other

10. Do you have any physical or mental infirmity impairing your ability to serve as a juror? (Include any hearing or seeing problems.)

Yes _____ No _____ If so, please

explain: _____

11. Have you served as a juror before? Yes _____ No _____ If so, when and where? _____

12. Have you or has any member of your family been a party to a lawsuit?

Yes _____ No _____ If so, explain:

13. Has any claim for damage to persons or property ever been made against you or any member of your family? Yes _____ No _____

14. Have you ever been convicted of a criminal offense, other than traffic offenses?

Yes _____ No _____ If so, explain:

15. Have you or has any member of your family been involved in an automobile collision?

Yes _____ No _____

16. Have you or has any member of your family been a victim of a crime? Yes _____ No _____

17. Are you a close friend of, or related to, any law enforcement officer?

Yes _____ No _____ If so,

describe: _____

18. Do you feel you have religious beliefs which would prevent your sitting in judgment of another person?

Yes _____ No _____

19. Please list your church affiliation and other organizations of which you are a member.

20. Do you know of any other valid and legal reason for your disqualification of jury service or why you could not serve as a fair and impartial juror?

21. If you are over 65 years of age, do you wish to be excused? Yes _____ No _____

22. If you are no longer a resident of Washington County, by your signature below, do you wish to have your Voter Registration cancelled?

I affirm under the penalties for perjury that the answers to all questions herein are true and correct to the best of my knowledge.

Dated: _____ Juror's Signature: _____

JURY QUALIFICATION FORM

Pursuant to Indiana Jury Rules 5, 6 and 7, the undersigned prospective jury affirms under the penalties for perjury that I am:

Please Circle

Yes No 1. A citizen of the United States of America,

Yes No 2. At least eighteen (18) years of age,

Yes No 3. A resident of Washington County, Indiana,
Yes No 4. Able to read, speak and understand the English language,
Yes No 5. Not suffering from a physical or mental disability that prevents me from rendering
satisfactory jury service,
Yes No 6. Not under a guardianship appointment because of mental incapacity,
Yes No 7. Not a person who has had the right to vote revoked by reason of a felony
conviction and whose right to vote has not been restored,
Yes No 8. Not a law enforcement officer.

Yes No Claim of Exemption from Jury Service

I have completed a term of jury service in the year preceding my current selection
for jury service and wish to be exempted from Jury Service.

Yes No Accommodation for those with Disabilities

Although I am disabled, I believe that I could serve with reasonable
accommodations. In order to serve as a juror, I would require the following:

Request for Deferral of Jury Service

I request deferral of my jury service for a period of _____ months (not more than
one (1) year) due to undue hardship, extreme inconvenience or public necessity
because:

Juror